

Tuberculosis Risk Assessment Questionnaire for Workers in Hospital and Health Service Facilities

Worker Information			
Surname	TAPASYUK	Date of Birth	25/11/1988
Given name/s:	JAGAR NIK	Phone-Home	
Address: Number/Street	Unit 36 19 Shire crt	Mobile	0439 368316
Suburb/Town/City	Bilberry	Postcode	4575
Proposed commencement date	1/2/2024	Sex:	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
		e-mail	jagar.tapasjuk@health.qld.gov.au

Instructions:

- Please complete the following questions and provide (if available) any supporting documents and additional information as indicated to the Hospital and Health Service (HHS) prior to commencement of employment.
- Retain a copy of this assessment and any relevant documentation to take with you if any further assessment is required. The HHS will advise you if any additional assessment is required.
- NOTE there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland.

Privacy Notice: Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current *Tuberculosis Control QH-Health Service Directive 2018* and the *Public Health Act 2005* and *Public Health Regulation 2018*. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to Queensland Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Part A: Signs of active TB - Do you currently have any the following symptoms?	
1. Cough for more than 2 weeks (not related to an existing diagnosis or condition)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2. Unexplained fever for more than 1 week	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. Recent unexplained weight loss	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4. Coughing up blood	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
5. Excessive sweating during the night for more than 1 week	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If you have answered YES to any questions from Part A:	
➔ You will require a clearance for signs of active TB prior to commencement of employment. Your HHS will provide further instruction.	

Part B: TB exposure risk history	
1. Were you born in Australia?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If no, in what country were you born?	Belarus
2. Other than Australia or your country of birth, have you spent three (3) months or more in total within the past five (5) years visiting or living in any other country/ies? (For example, two months in country A and one month in country B is three months in total).	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which countries?	
➔ Check the TB country incidence list (www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx) for each country you have listed in questions 1 and 2.	
3. Were you born, and/or have you spent three (3) months or more in total within the past five (5) years visiting or living in country/ies with a TB burden greater than 40 cases per 100 000 population? (see link above).	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by hospital or public health authorities? (Contact may be work or non-work related).	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
5. Have you previously worked (> 3 months) in any of the following settings: respiratory units; infectious disease units or other medical units caring for infectious TB patients; clinical procedure units conducting bronchoscopy and/or sputum induction; TB laboratories; mortuaries?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
6. Have you ever been diagnosed with active TB (i.e. not latent TB)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, in what year did you complete treatment?	
7. Do you have any underlying health issues or take any medications that cause immunosuppression?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If you have answered YES to any of questions 3–7 from Part B, you require further assessment. Your HHS will provide instructions. If you have previously had an assessment for TB, please provide documentation as per Part C.	



Part C: Previous TB risk assessment procedures and BCG history:

If you have previously had a test for latent TB, to avoid unnecessary repetition of testing please provide (if available) any supporting documents and additional information as indicated below as instructed by your HHS.

Previous employment or immigration screening for TB	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Please attach evidence with results
Previous TB risk assessment on Staff Protect (Queensland Health Staff Health Application)	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Previous pathology result (Quantiferon test or T-spot test)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Please attach evidence with results
Previous printed result of a tuberculin skin test result (also called Mantoux test)	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please attach evidence with results
Have you ever received a BCG vaccine? (This leaves a raised scar, usually on your arm near the shoulder)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - at what age (approx.)? <u>< 10 y.o.</u>

Acknowledgement and Consent:

I certify that I have read and understand the [Queensland Health: Protocol for the control of tuberculosis— section 3.3.18 Workers and students in health care facilities risk assessment](#) on the Queensland Health Tuberculosis website, in preparation for my employment I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am employed in respect of Queensland Health vaccination and infection control of health care workers.

I consent to my prospective employer giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce and infection management planning and response. This may include line managers, infection control units and TB control units.

I certify that the information I have provided in this risk assessment is true and correct.

Full Name:



Signed:



Date:


Further information and Resources

- Tuberculosis Risk Assessment—Frequently Asked Questions (FAQ) for Workers in Queensland Health Facilities
- Tuberculosis Risk Assessment— Matrix and Explanatory Notes-for administration and/or clinician use (includes testing recommendations)
- Tuberculosis Risk Assessment— Guidance for HHS Administration